

AMHERST HEALTH DEPARTMENT

70 BOLTWOOD WALK • AMHERST • MA • 01002

Main Office (413) 259-3077 Fax (413) 259-2404

www.amherstma.gov

APPLICATION FOR REMOVAL OF RUBBISH LICENSE

_____, 201__

ANNUAL FEE - \$200.00

The undersigned hereby applies for a License in accordance with the provisions of the Statutes relating thereto:
REMOVAL OF RUBBISH

(Business Name and Location)

in said Town of Amherst in accordance with the rules and regulations made under authority of the Statutes.

Name and Address of OWNER(S) _____

Business Phone Number _____ Home Phone Number _____

Federal I. D. Number _____ Social Security Number _____

Signature of Applicant _____ Title _____

Email Address _____

Workers' Compensation Insurance Affidavit (M.G.L. c. 152 #25C (6))

I, _____ do hereby certify that:

1. ☐ I am an employer providing the following workers compensation coverage for my employee(s):
_____ (policy # / insurance company)

2. ☐ I am not required to have workers' compensation insurance under M.G.L. c. 152, Sect. 25 (c) (6)

*Any applicant who checks #1 above must also complete and submit the Worker's Compensation Affidavit

Please Note The Following Late Fees Will Be Enforced

First 30 Days Overdue \$50.00..... 60 Days & Each Month Thereafter \$100

Return to: **Amherst Health Department**

Attn: License Application

Bangs Community Center

70 Boltwood Walk

Amherst, MA 01002

Make Check Payable to: **Town of Amherst**

Annual Permit Agreement for Waste Haulers Operating in Amherst

Effective January 1, 2012

Pursuant to Massachusetts General Law Chapter 111, sections 31, 31A, 31B, 122 and 150A, all persons collecting, transporting, transferring or disposing of municipal solid waste within the Town of Amherst must obtain a permit from the Amherst Board of Health through the Department of Public Works. Waste hauling permits are valid for one calendar year and shall be renewable annually on the first day of January, subject to review and approval by the Board of Health or its agents.

Each applicant shall agree to abide by all rules and regulations set forth by the Amherst Town by-laws, the Board of Health and the Massachusetts Department of Environmental Protection, pay the required fee, and agree to the following:

1. Services:

- a. The hauler shall offer appropriate services on a consistent basis for the collection of trash and recyclables, as outlined in the Town of Amherst Regulations for Refuse Collection and Mandatory Recycling.
- b. For purposes of this permit, "recyclables" shall include all materials restricted from disposal in landfills or incineration by 310 CMR 19.017 of the General Requirements, Procedures and Permits for Solid Waste (see "Summary of Waste Ban Restrictions," on reverse).

2. Reports:

- a. Upon request, the hauler must submit reports, using forms provided or their equivalent, for all residential, commercial, and/or institutional refuse and recyclables collected within the Town of Amherst within one month of the request. Copies of weight slips or vendor receipts to document these reports must be available for review upon request.
- b. Upon request, the hauler must submit a list (including name and service address) of their Amherst customers within one month of the request.
- c. Upon request, the hauler must submit a list of the names and locations of the approved facilities to which your collected refuse/material is taken within one month of the request. This information will be subject to verification.

3. Notifications:

- a. The hauler shall make every effort to remedy violations of the waste ban regulations directly with their customers (i.e., disposing of waste banned materials in refuse or contaminating the recyclables with non-recyclable materials). By request, the Department of Public Works, the Board of Health or their agent(s) will provide to the hauler a letter for waste ban violators and/or other appropriate support.
- b. Should these efforts fail, then the hauler shall provide the name, phone number and service address of the customer to the Solid Waste/Recycling Coordinator so that (s)he may initiate appropriate outreach and education efforts. Such notification shall be provided in a timely manner.

4. Designated Hauler Status:

- a. If the hauler plans to deliver recyclables during 2012 to the Springfield Materials Recycling Facility (SMRF) under the Town of Amherst's contract, a Designated Hauler Agreement must be signed. Please contact the Solid Waste/Recycling Coordinator immediately to initiate the process.
- b. If the hauler expects to combine recyclables collected from Amherst with those of other communities in the sale load for delivery to the SMRF, a Multiple Community Load Agreement form is required. Contact the Solid Waste/Recycling Coordinator to initiate the paperwork process.

Any member of the Board of Health or its agents, the Superintendent of Public Works, the Police Department or any other person designated by the Board of Health may enforce this section. Failure to provide the required information and fees associated with this permitting agreement or any violation by the permitted hauler of the Department of Environmental Protection Regulations, the Massachusetts General Laws, or the Town of Amherst Board of Health Regulations for Refuse Collection and Mandatory Recycling may be grounds for suspension, modification, or revocation of this permit.

A refuse removal license fee of \$200.00 per company shall be submitted with all permit applications by January 1, 2012. Licenses are valid for one calendar year, expiring December 31st of each year. A 15 day grace period is provided for application processing.

Company name

Date

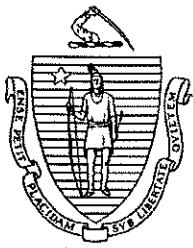
Name & title of waste hauler's authorized agent

Waste Ban Materials Summary

The State Department of Environmental Protection has banned the disposal of certain recyclable and hazardous materials at landfills, incinerators, and transfer stations. In particular, the following types of materials must be separated from the waste stream:

- All glass, metal and aluminum containers
- Recyclable paper, cardboard & paperboard
- Single resin narrow-necked plastics
- Asphalt pavement, brick and concrete
- Treated & untreated wood & wood waste
- Leaves and yard waste
- Whole tires (banned from landfills only; shredded tires acceptable)
- Scrap metal, including white goods and appliances
- Automotive products including motor oil, antifreeze, oil filters and lead-acid batteries
- Oil-based paints and thinners
- Mercury devices such as thermometers, fluorescent bulbs and ballasts
- Cathode-ray tubes (CRTs)
- Lead-acid (e.g. automotive), nickel-cadmium (re-chargeable), lithium, and “button” batteries
- Hazardous materials
- Clean gypsum wallboard (effective July 1, 2011)

For more information visit <http://www.mass.gov/dep/recycle/solid/wastebans.htm>.



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

1. ☐ I am a employer with _____ employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
6. Other _____

Contact Person: _____ Phone #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that **"every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required."**

Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents

Office of Investigations

1 Congress Street, Suite 100

Boston, MA 02114-2017

Tel. # 617-727-4900 ext 7406 or 1-877-MASSAFE

Fax # 617-727-7749

www.mass.gov/dia